☐ Initial Application
☐ Amended Application
Date: ☐ ☐ ☐ ☐ ☐

CG



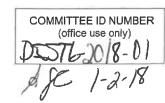
COMMITTEE ID NUMBER
(office use only)

1. 2-18

Committee Name (required): first or last name & office)	COMMITTER TO RE-ELECT TODO TANDE FOR CITY COWER			
Candidate Information:	Candidate's Name (required):			
	Candidate's mailing address (required): 14604 W. YUCATAN ST			
	Candidate's email address (required): took tank @ 6 MAK COM			
	Candidate's phone number (required): 623 297 - 250)			
	Candidate's website (if any):			
Office Sought (choose one):	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissioner			
	☐ State Senate ☐ State House of Representatives ☐ District (required):			
	☐ County Office: ☐ District (if applicable): ☐			
	City/Town Office: COUNCIL ADistrict (if applicable):			
lection Cycle for Office Soug	the description will take place) (required):			
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican □ Other:			
required for partisan offices)				
☐ Political Action Comn	nittee (PAC)			
Committee Name (required): if sponsored, must include sponsor's name)				
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures			
	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures			
select any that apply)				
select any that apply) Sponsorship Information:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □			
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select any that apply) Sponsorship Information: f applicable) Special Status	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union			
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Spelect any that apply) Sponsorship Information: If applicable) Special Status If applicable) Political Party Committee Name (required): Imust include party affiliation)	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)			
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Political Function (optional): select any that apply) Sponsorship Information: if applicable) Special Status if applicable) Political Party Committee Name (required): (must include party affiliation) Jurisdiction:	□ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)			







		Alle and And Mark and a con-
Contact Information:	Committee's mailing address (required):	19609 W 1(CA)AN >1.
	Committee's email address (required):	todd tonde@ GMAIL. COM
	Committee's phone number (if any):	623 297-2501
	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required):	Todd Tande
	Chairperson's physical address (required):	14604 W. PUCATAST
	Chairperson's mailing address (if different):	
	Chairperson's email address (required):	todatande e GMAN, con
	Chairperson's phone number (required):	623 297-2501
	Chairperson's employer (required):	CITY OF SURPRISE
	Chairperson's occupation (required):	CITY COUNCIL MEMBER
Treasurer's Information:	Treasurer's name (required):	todd Tarde
	Treasurer's physical address (required):	14604 W. YUCATAN ST
	Treasurer's mailing address (if different):	
	Treasurer's email address (required):	Todd Tande @ GMAIL. CON
	Treasurer's phone number (required):	673 297 - 2501
	Treasurer's employer (required):	CITY OF SURPRISE
	Treasurer's occupation (required):	CITE COUNCIL MEMER
Bank or Financial Institution:	Bank name (required):CHASS	Wells TAKGO
(do not list acct numbers)	Additional bank name (ifapplicable):	UELLS FARGO
	Additional bank name (if applicable):	ANK OF AMERICA

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.						
Chairperson's signature:	Teld Pana	Date: 1-2 - 18				
Treasurer's signature:	Doll P Dank	Date: 1-7-18				
Candidate's signature (if app	olicable): Doll P Bruke	Date: 1-2-18				